

ASSEMBLY BILL

No. 1299

Introduced by Assembly Member Daucher

February 21, 2003

An act to amend Sections 1745, 1746, and 1749 of the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

AB 1299, as introduced, Daucher. Hospices.

Existing law, the California Hospice Licensure Act of 1990, provides for the licensure of hospices by the State Department of Health Services in order to ensure the health and safety of patients experiencing the last phases of life due to the existence of a terminal disease, and to permit qualified persons, political subdivisions of the state, and governmental agencies to comply with requirements of federal law regarding the provision of hospice care.

This bill would change all references to “terminal disease” to “incurable progressive illness,” as defined.

Existing law further provides that in order for a person, political subdivision of the state, or other governmental agency to be licensed as a hospice, it shall meet certain requirements including providing basic services such as skilled nursing services, social service/counseling services, medical direction, bereavement services, volunteer services, inpatient care arrangements, and home health aide services. Existing law defines these terms for purposes of the act.

This bill would revise these definitions, as well as others relating to the act, and would make various technical, nonsubstantive changes.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Section 1745 of the Health and Safety Code is amended to read:

1745. (a) The purposes of this chapter are to provide for the licensure of hospices by the state department in order to ensure the health and safety of patients, who by definition, are experiencing the last phases of life due to the existence of ~~a terminal disease~~ *an incurable progressive illness*, and to permit qualified persons, political subdivisions of the state, and governmental agencies to comply with requirements of federal law regarding the provision of hospice care.

(b) In enacting this chapter, it is the intent of the Legislature to allow all qualified persons, political subdivisions of the state, and governmental agencies to provide hospice services to the people of California. It is also the intent of the Legislature to distinguish between the functions of a volunteer hospice and a hospice requiring licensure. It is further the intent of the Legislature to require the state department to establish standards of quality care for licensed hospices.

(c) It is the intent of the Legislature that regulations adopted by the state department pursuant to this chapter not be so burdensome or costly, or both, in terms of implementation, that hospices located in rural areas are forced to stop providing care. Therefore, the state department shall exercise discretion and program flexibility in regard to licensing hospices ~~which~~ *that* are located in rural areas of the state.

SEC. 2. Section 1746 of the Health and Safety Code is amended to read:

1746. For the purposes of this chapter, the following definitions apply:

(a) “Bereavement services” means ~~those services available to the surviving family members for a period of at least one year after the death of the patient, including an assessment of the needs of the bereaved family and the development of a care plan that meets these needs, both prior to and following the death of the patient~~ *services addressing grief and loss issues following a person’s death.*

(b) “Hospice” means a specialized form of interdisciplinary health care ~~that is~~ designed to provide palliative care; *services;*

1 alleviate the physical, emotional, social, and spiritual discomforts
2 of an individual who is experiencing the last phases of ~~life due to~~
3 ~~the existence of a terminal disease, and an incurable progressive~~
4 ~~illness~~; provide supportive care to the primary care giver and the
5 family of the hospice ~~patient~~, *patient*; and that meets all of the
6 following criteria:

7 (1) Considers the patient and the patient's family, ~~in addition to~~
8 ~~the patient~~, as the unit of care.

9 (2) Utilizes an interdisciplinary team to assess the physical,
10 medical, psychological, social, and spiritual needs of the patient
11 and the patient's family.

12 (3) Requires the interdisciplinary team to develop an overall
13 plan of care and to provide coordinated ~~care that emphasizes~~
14 ~~supportive services, including, but not limited to, home care, pain~~
15 ~~control, and limited inpatient services. Limited inpatient services~~
16 ~~are intended to ensure both continuity of care and appropriateness~~
17 ~~of services for those patients who cannot be managed at home~~
18 ~~because of acute complications or the temporary absence of a~~
19 ~~capable primary care giver services.~~

20 (4) Provides for *intermittant services* for the palliative ~~medical~~
21 treatment of pain and other symptoms associated with a ~~terminal~~
22 ~~disease, but does not provide for efforts to cure the disease an~~
23 ~~incurable progressive illness.~~

24 (5) Provides for bereavement services ~~following death to assist~~
25 ~~the family in coping with social and emotional needs associated~~
26 ~~with the death of the patient.~~

27 (6) Actively utilizes volunteers in the ~~delivery~~ *provision* of
28 hospice services.

29 (7) To the extent appropriate, based on the medical needs of the
30 patient, provides *intermittent* services in the patient's home or
31 primary place of residence *in compliance with the patient's plan*
32 *of care.*

33 (c) ~~"Inpatient care arrangements" care~~ means ~~arranging for~~
34 ~~those short inpatient stays that may become necessary to manage~~
35 ~~acute symptoms or because of the temporary absence, or need for~~
36 ~~respite, of a capable primary care giver. The hospice shall arrange~~
37 ~~for these stays, ensuring both continuity of care and the~~
38 ~~appropriateness of services a facility-based level of care for pain~~
39 ~~control, symptom management, care of the dying, the dying~~
40 ~~process, or respite purposes.~~

1 (d) “Medical direction” means those services provided by a
2 licensed physician and surgeon, *employed or under contract with*
3 *the hospice*, who is ~~charged with the responsibility of acting as a~~
4 ~~consultant to a member of the interdisciplinary team, and is~~
5 *available as a consultant to the patient’s attending physician and*
6 *surgeon, as requested, with regard to pain and symptom*
7 *management, and a liaison with physicians and surgeons in the*
8 *community.*

9 (e) “An interdisciplinary team” means the hospice care team
10 that *provides interdisciplinary care and includes, but is not limited*
11 *to, the patient and patient’s family, a physician and surgeon who*
12 *is employed or under contract with the hospice, a registered nurse,*
13 *a social worker, a volunteer, and a spiritual care giver. The team*
14 ~~shall be coordinated by a registered nurse and shall be under~~
15 ~~medical direction. The team shall meet regularly to develop and~~
16 ~~maintain an appropriate plan of care counselor, and the patient’s~~
17 ~~physician and surgeon.~~

18 (f) “Plan of care” means a written plan ~~developed by the~~
19 ~~attending physician and surgeon, the medical director or physician~~
20 ~~and surgeon designee, and the interdisciplinary team that~~
21 ~~addresses the needs of a patient and family admitted to the hospice~~
22 ~~program. The hospice shall retain overall responsibility for the~~
23 ~~development and maintenance of the plan of care and quality of~~
24 ~~services delivered of goals and interventions based on~~
25 ~~comprehensive and continuing assessments.~~

26 (g) “Skilled nursing services” means nursing services
27 provided by, or under, the supervision of a registered nurse under
28 a plan of care developed by the interdisciplinary team and the
29 patient’s physician and surgeon to a patient and his or her family
30 that pertain to the palliative, *and* supportive services required by
31 patients with a ~~terminal illness~~ *incurable progressive illnesses.*
32 ~~Skilled nursing services include, but are not limited to, patient~~
33 ~~assessment, evaluation and case management of the medical~~
34 ~~nursing needs of the patient, the performance of prescribed~~
35 ~~medical treatment for pain and symptom control, the provision of~~
36 ~~emotional support to both the patient and his or her family, and the~~
37 ~~instruction of care givers in providing personal care to the patient.~~
38 ~~Skilled nursing services shall provide for the continuity of services~~
39 ~~for the patient and his or her family. Skilled nursing services shall~~
40 ~~be available on a 24-hour on-call basis.~~

(h) ~~“Social service/counseling service services” means those counseling and spiritual care services that assist the patient and his or her family to minimize stresses and problems that arise from social, economic, psychological, or spiritual needs by utilizing appropriate community resources, and maximize positive aspects and opportunities for growth services that address the economic and emotional needs of patients and families.~~

(i) ~~“Terminal disease” or “terminal illness” means a medical condition resulting in a prognosis of life of one year or less, if the disease follows its natural course “Incurable progressive illness” means an end-stage medical condition with the possibility of shortening one’s life by months or years if the disease follows its normal course.~~

(j) ~~“Volunteer services” means those services provided by trained hospice volunteers who have agreed to provide service under the direction of a hospice staff member who has been designated by the hospice to provide direction to hospice volunteers. Hospice volunteers may be used to provide support and companionship to the patient and his or her family during the remaining days of the patient’s life and to the surviving family following the patient’s death person.~~

(k) ~~“Multiple location” locations” means a location or site sites from which a hospice makes available basic hospice services available within the service area of the parent agency. A multiple location—shares Multiple locations share administration, supervision, policies and procedures, and services with the parent agency in a manner that renders it unnecessary for the site to independently meet the licensing requirements as a hospice.~~

(l) ~~“Home health aide” has the same meaning as set forth in subdivision (e) of Section 1727 means a person who is certified as a home health aide by the department.~~

(m) ~~“Home health aide services” means those services described in subdivision (d) of Section 1727 that provide provided for the personal care of the terminally ill patient and the performance of related tasks in the patient’s home in accordance with the plan of care in order to increase the level of comfort and to maintain personal hygiene and a safe, healthy environment for the patient.~~

(n) ~~“Parent agency” means the part of the hospice that is licensed pursuant to this chapter and that develops and maintains~~

~~administrative controls of multiple locations. All services provided by the multiple location and parent agency are the responsibility of the parent agency.~~

SEC. 3. Section 1749 of the Health and Safety Code is amended to read:

1749. (a) To qualify for a license under this chapter, an applicant shall satisfy all of the following:

(1) Be of good moral character. If the applicant is a franchise, franchisee, firm, association, organization, partnership, business trust, corporation, company, political subdivision of the state, or governmental agency, the person in charge of the hospice for which the application for a license is made shall be of good moral character.

(2) Demonstrate the ability of the applicant to comply with this chapter and any rules and regulations promulgated under this chapter by the ~~state~~ department.

(3) File a completed application with the ~~state~~ department that was prescribed and furnished pursuant to Section 1748.

(b) In order for a person, political subdivision of the state, or other governmental agency to be licensed as a hospice it shall satisfy the definition of a hospice contained in Section 1746, and also provide, or make provision for, the following basic services:

(1) Skilled nursing services.

(2) Social ~~services/counseling~~ *service* services.

(3) Medical direction.

(4) Bereavement services.

(5) Volunteer services.

(6) Inpatient care arrangements.

(7) Home health aide services.

(c) The services required to be provided pursuant to subdivision (b) shall be provided in compliance with the “Standards for Quality Hospice Care, ~~1996,~~ 2002,” as available from the California ~~State~~ Hospice *and Palliative Care* Association, until the ~~state~~ department adopts regulations establishing alternative standards pursuant to subdivision (d).

(d) The ~~state~~ department may adopt regulations establishing standards for any or all of the services required to be provided under subdivision (b). The regulations of the state department adopted pursuant to this subdivision shall supersede the standards

- 1 referenced in subdivision (c) to the extent the regulations duplicate
- 2 or replace those standards.

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